

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE BURIAL SERVICES SECTION 500 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-1145

PHONE (615) 741-5062 http://funeral.tn.gov

CEMETERY COMPANY'S ANNUAL REPORT ON IMPROVEMENT CARE FUND

	e: This report must be completed and re CAL YEAR of the cemetery company. Ma						
For	the fiscal year beginning	, 20	and ending		, 20		
	I. GEN	ERAL INFO	RMATION				
1.	Name of Cemetery:						
2.	2. Location (City and County):						
3.	Cemetery's mailing address:						
4.	Name of Cemetery Manager:		Telepho	ne:			
	Total numbers of interments this fiscal						
5b.	Total number of preneed contracts this	s fiscal year:					
5c. Number of acres embraced and held by the cemetery for cemetery purposes:							
6a.	Name of parent corporation:						
6b.	Date of incorporation:						
7.	If not incorporated, how organized?						
8.	Other Tennessee cemeteries owned or controlled by this company:						
9.	Name, address and official capacity of each officer and/or director of the corporation, proprietor, partner or trustee of the association:						
10.	Name and address of Trustee of Impro						
11a	. Date of trust agreement or renewal:						
111	o. Is a copy on file with the state?			☐ Yes	□ No		

II. LIABILITY TO IMPROVEMENT CARE TRUST

1.	Amount unpaid at end of last		\$		
2.	Amount due for this year pursuant to fully paid contracts:				
	A. Lot Sales Volume (e				
	a) 20% of lot sales v	olume shown in "A" above:		\$	
	b) Additional trust re	equired to meet minimum .50¢ p	per square foot:	\$	
	B. Lawn Crypt Space S	d this year: \$	· · · · · · · · · · · · · · · · · · ·		
	a) 20% of lawn cryp	ot space sales volume shown in '	'B" above:	\$	
	b) Additional trust r	for each lawn crypt space:	\$		
	C. Mausoleum/Niche C				
	a) 10% of Mausoleu	\$			
	D. Memorial and Speci	\$			
	E. Total Trust Liability	\$			
3.	Total trust deposits required th	nis year (Sum of 1 plus 2E):		\$	
4.	Total amount paid to trust this	\$			
5.	Unpaid balance at end of year	balance at end of year (Total 3 minus 4):			
	A. Amount(s) paid for t	 			
		Da	te Paid\$	 	
6.	Total withdrawals you receive	d from the improvement care tru	ust fund this year:	\$	
7.	Total of all expenditures of inc	come from the improvement car	e fund this year:	\$	
	III.	MEMORANDA FOR	RECONCILIATIO	N	
See	e TCA § 46-1-204(d) for depos	it requirements. List all deposits	s to the Improvement Care Ti	rust Fund this fiscal year.	
	DATE/AMOUNT	DATE/AMOUNT	DATE/AMOUNT	DATE/AMOUNT	
ST	ATE OF TENNESSEE				
CO	OUNTY OF				
				of	
info		nitted with this report is complete			
		X _			
	(Seal)	_	(Signature)		
Sw	orn to and subscribed before m	e this day o	of	, 20	
Mx	Commission Expires:	No	stary's Signature:		